

# COLORADO FEEDLOT OFFICIAL DESIGNEE FORM

## *Cattle Imported from Canada*

Premises ID No.

Feedlot Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Feedlot Owner/Manager \_\_\_\_\_

Phone: Office (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Accredited Veterinarian \_\_\_\_\_

License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Office (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Complete this form.

1. Keep copy in feedlot
2. Accredited Veterinarian keep a copy
3. Return original to:

**COLORADO STATE  
VETERINARIAN'S OFFICE**  
700 Kipling, Ste. 4000  
Lakewood, CO 80215

Or fax (303) 239-4164

**X**

*Signature of Accredited Veterinarian who  
is appointing the designees listed for this  
Feedlot*

**Date**

## OFFICIAL DESIGNEES\*

*\*Individuals who are authorized by the Accredited Veterinarian listed above to break Official Government Seal and complete paperwork on shipments of feeder cattle from Canada to the Feedlot designated above.*

**If more than four designees, attach additional names and include information required below.**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Position/Job Title \_\_\_\_\_

*Signature of Designee*

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Position/Job Title \_\_\_\_\_

*Signature of Designee*

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Position/Job Title \_\_\_\_\_

*Signature of Designee*

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Position/Job Title \_\_\_\_\_

*Signature of Designee*